

10-Feb-17

10Feb17-2584

CHASE**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR")
SAFETY & HEALTH TECHNOLOGY LLC
DBA ACCUCARE PHARMACYBUSINESS ADDRESS
3010 E HICKORY PARK CIR
SUGAR LAND, TX 77479-2613
United States/US Territories**PRIMARY IDENTIFICATION**

Certification of Business

ID NUMBERISSUER
TEXASISSUANCE
03/31/2011

EXP DATE

ACCOUNT NUMBER 6259
TAXPAYERID NUMBER 00-0000000
ACCOUNT TYPE Chase BusinessSelect Checking

DATE OPENED 04/28/2011

FORM OF BUSINESS Limited Liability Company (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (201)
Bellaire and Beltway - 269
PAN JIANG
(713) 219-1688
07/23/2012**SIGNER(S) TO BE ADDED LATER**

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary action or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor and the individual(s) listed below. The Depositor acknowledges receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services, if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

CERTIFICATION - The undersigned certifies under penalties of perjury that (1) the Depositor's Taxpayer Identification Number shown above is correct, and (2) the Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).

If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

☐ The Depositor is a foreign entity, and therefore the penalties of perjury certification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

GUOJUN YU

Member Managed

7/27/2012



Rev (12/06)



10-Feb-17

10Feb17-2584

CHASE
Business Signature Card
 ACCOUNT TITLE ("DEPOSITOR")
 SAFETY HEALTH TECHNOLOGY LLC



ACCOUNT NUMBER 6259
 TAXPAYERID NUMBER 45-1551391
 ACCOUNT TYPE Chase BusinessSelect Checking

DATE OPENED 04/28/2011

New Account

FORM OF BUSINESS Limited Liability Company

ISSUED BY JPMorgan Chase Bank, N.A. (201)

Bellaire and Ranchester

YONGMEI WU

713-773-2203

04/26/2011

BUSINESS ADDRESS
 3010 E HICKORY PARK CIR

SUGAR LAND, TX 77479-2613

PRIMARY IDENTIFICATION

State Certification of Business

ID NUMBER

ISSUER

ISSUANCE

EXP DATE

TEXAS

03/31/2011

SIGNER(S) TO BE ADDED LATER

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary action or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor and the individual(s) listed below. The Depositor acknowledges receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained herein as amended from time to time.

CERTIFICATION - The undersigned certifies under penalties of perjury that (1) the Depositor's Taxpayer Identification Number shown above is correct, and (2) the Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).

If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

☐ The Depositor is a foreign entity, and therefore the penalties of perjury certification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

NAME	TAXPAYERID	TITLE	DATE	SIGNATURE
GUOJUN YU		Manager Managed	4/28/11	



Rev (12/08)



10-Feb-17

10Feb17-2584



BUSINESS ACCOUNT ADD SIGNERS FORM

NAME OF BUSINESS SAFETY & HEALTH TECHNOLOGY LLC

DBA ACCUCARE PHARMACY

TAXPAYER ID NO. 45-1551391BUSINESS ADDRESS 3010 E HICKORY PARK CIR. SUGAR LAND, TX 77479-2613BRANCH NAME AND NO. KIRBY - 813BANK NO. 201BRANCH PHONE NO. (713) 525-2218INTEROFFICE MAILCODE TX2-6813PREPARED BY: NAME SOMA CHAKRABORTYDATE: 09/15/2014

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

SCOTT BREIMEISTER

SIGNER

TX

Issuance Date

Expiration Date

Identification

ID Number

TX

03/11/2010

04/04/2018

2) None

Account Numbers:

8259

7375

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



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10Feb17-2584



BUSINESS ACCOUNT REMOVE SIGNERS FORM

NAME OF BUSINESS SAFETY & HEALTH TECHNOLOGY LLCDBA ACCUCARE PHARMACYTAXPAYER ID NO. 45-1551391BUSINESS ADDRESS 3010 E HICKORY PARK CIR, SUGAR LAND, TX 77479-2613BRANCH NAME AND NO. KIRBY - 813BANK NO. 201BRANCH PHONE NO. (713) 525-2218INTEROFFICE MAILCODE TX2-6813PREPARED BY: NAME SOMA CHAKRABORTYDATE: 09/15/2014

Please remove the following signer from the accounts listed below (other authorized signers on record do not change).

Name of the Signer to Remove:

GUOJUN YU

Account Numbers:

52597375

Please remove the following signer from the accounts listed below (other authorized signers on record do not change).

Name of the Signer to Remove:

Account Numbers:

Please remove the following signer from the accounts listed below (other authorized signers on record do not change).

Name of the Signer to Remove:

Account Numbers:

Please remove the following signer from the accounts listed below (other authorized signers on record do not change).

Name of the Signer to Remove:

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) removed as authorized signers on the account(s) indicated above have been removed in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts.

For a Corporation or Unincorporated
Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC

